

PCI

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

Receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference (if desired) (12 characters maximum) HMJ02856WO

Box No. I TITLE OF INVENTION
CATIONIC COMPOUNDS AND THEIR USE AS
MACRO MOLECULAR CARRIERS

Box No. II APPLICANT

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

SCHOOL OF PHARMACY
UNIVERSITY OF LONDON
29/39 Brunswick Square
London
WC1N 1AX
United Kingdom

☐ This person is also inventor.

Telephone No.

Facsimile No.

Teleprinter No.

State (that is, country) of nationality: GB

State (that is, country) of residence: GB

This person is applicant for the purposes of: ☐ all designated States ☒ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

FLORENCE Alexander T.
School of Pharmacy
University of London
29/39 Brunswick Square
London
WC1N 1AX
United Kingdom

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (if this check-box is marked, do not fill in below.)

State (that is, country) of nationality: GB

State (that is, country) of residence: GB

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: ☒ agent ☐ common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Gill Jennings & Every
Broadgate House
7 Eldon Street
London
EC2M 7LH
United Kingdom

Telephone No.

+44 171 377 1377

Facsimile No.

+44 171 377 1310

Teleprinter No.

(051) 22765 GILPAT G

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)			
<i>If none of the following sub-boxes is used, this sheet is not to be included in the request.</i>			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)</i> WILDERSPIN Andrew, F. School of Pharmacy University of London 29/39 Brunswick Square London WC1N 1AX United Kingdom		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(if this check-box is marked, do not fill in below.)</i>	
State <i>(that is, country)</i> of nationality: GB		State <i>(that is, country)</i> of residence: GB	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)</i> TOTH, Istvan Steele Building School of Pharmacy University of Queensland Brisbane, Qld 4072 Australia		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(if this check-box is marked, do not fill in below.)</i>	
State <i>(that is, country)</i> of nationality: HU		State <i>(that is, country)</i> of residence: AU	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)</i> SAKTHIVEL, Thiagarajan School of Pharmacy University of London 29/39 Brunswick Square London WC1N 1AX United Kingdom		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(if this check-box is marked, do not fill in below.)</i>	
State <i>(that is, country)</i> of nationality: IN		State <i>(that is, country)</i> of residence: GB	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)</i> BAYELE, Henry K. Department of Biochemistry and Molecular Biology Royal Free & University College Medical School, Rowland Hill Street London, NW3 2PF United Kingdom		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(if this check-box is marked, do not fill in below.)</i>	
State <i>(that is, country)</i> of nationality: GN		State <i>(that is, country)</i> of residence: GB	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.			

Box No. V DESIGNATION STATES

The following designations are made under Rule 4.9(a) (mark the applicable boxes; at least one must be marked):

Regional Patent

- ☐ AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SL Sierra Leone, SZ Swaziland, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☐ EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ EP European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☐ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment is desired, specify on dotted line)

National Patent (if other kind of protection or treatment is desired, specify on dotted line):

- | | |
|---|--|
| <input type="checkbox"/> AE United Arab Emirates | <input type="checkbox"/> LR Liberia |
| <input type="checkbox"/> AL Albania | <input type="checkbox"/> LS Lesotho |
| <input type="checkbox"/> AM Armenia | <input type="checkbox"/> LT Lithuania |
| <input type="checkbox"/> AT Austria | <input type="checkbox"/> LU Luxembourg |
| <input type="checkbox"/> AU Australia | <input type="checkbox"/> LV Latvia |
| <input type="checkbox"/> AZ Azerbaijan | <input type="checkbox"/> MD Republic of Moldova |
| <input type="checkbox"/> BA Bosnia & Herzegovina | <input type="checkbox"/> MG Madagascar |
| <input type="checkbox"/> BB Barbados | <input type="checkbox"/> MK The former Yugoslav Republic of Macedonia |
| <input type="checkbox"/> BG Bulgaria | |
| <input type="checkbox"/> BR Brazil | <input type="checkbox"/> MN Mongolia |
| <input type="checkbox"/> BY Belarus | <input type="checkbox"/> MW Malawi |
| <input type="checkbox"/> CA Canada | <input type="checkbox"/> MX Mexico |
| <input type="checkbox"/> CH and LI Switzerland and Liechtenstein | <input type="checkbox"/> NO Norway |
| <input type="checkbox"/> CN China | <input type="checkbox"/> NZ New Zealand |
| <input type="checkbox"/> CU Cuba | <input type="checkbox"/> PL Poland |
| <input type="checkbox"/> CZ Czech Republic | <input type="checkbox"/> PT Portugal |
| <input type="checkbox"/> DE Germany | <input type="checkbox"/> RO Romania |
| <input type="checkbox"/> DK Denmark | <input type="checkbox"/> RU Russian Federation |
| <input type="checkbox"/> EE Estonia | <input type="checkbox"/> SD Sudan |
| <input type="checkbox"/> ES Spain | <input type="checkbox"/> SE Sweden |
| <input type="checkbox"/> FI Finland | <input type="checkbox"/> SG Singapore |
| <input checked="" type="checkbox"/> GB United Kingdom | <input type="checkbox"/> SI Slovenia |
| <input type="checkbox"/> GD Grenada | <input type="checkbox"/> SK Slovakia |
| <input type="checkbox"/> GE Georgia | <input type="checkbox"/> SL Sierra Leone |
| <input type="checkbox"/> GH Ghana | <input type="checkbox"/> TJ Tajikistan |
| <input type="checkbox"/> GM Gambia | <input type="checkbox"/> TM Turkmenistan |
| <input type="checkbox"/> HR Croatia | <input type="checkbox"/> TR Turkey |
| <input type="checkbox"/> HU Hungary | <input type="checkbox"/> TT Trinidad and Tobago |
| <input type="checkbox"/> ID Indonesia | <input type="checkbox"/> UA Ukraine |
| <input type="checkbox"/> IL Israel | <input type="checkbox"/> UG Uganda |
| <input type="checkbox"/> IN India | <input checked="" type="checkbox"/> US United States of America |
| <input type="checkbox"/> IS Iceland | |
| <input checked="" type="checkbox"/> JP Japan | <input type="checkbox"/> UZ Uzbekistan |
| <input type="checkbox"/> KE Kenya | <input type="checkbox"/> VN Viet Nam |
| <input type="checkbox"/> KG Kyrgyzstan | <input type="checkbox"/> YU Yugoslavia |
| <input type="checkbox"/> KP Democratic People's Republic of Korea | <input type="checkbox"/> ZA South Africa |
| | <input type="checkbox"/> ZW Zimbabwe |
| <input type="checkbox"/> KR Republic of Korea | Check-boxes reserved for designating States which have become party to the PCT after issuance of this sheet: |
| <input type="checkbox"/> KZ Kazakhstan | <input type="checkbox"/> |
| <input type="checkbox"/> LC Saint Lucia | <input type="checkbox"/> |
| <input type="checkbox"/> LK Sri Lanka | <input type="checkbox"/> |

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.)

Box No. VI PRIORITY CLAIMS		<input type="checkbox"/> Further priority claims are indicated in the Supplemental Box.		
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application:* regional Office	international application: receiving Office
item (1) 23/09/1998 23 September 1998	96307712.4		EP	
item (2) 10/09/1999 10 September 1999	9921478.5		GB	
item (3)				

☒ The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the Receiving Office) identified above as item(s): (2)

* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which the earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used): ISA/	Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority). Date (day/month/year) Number Country (or regional Office)
--	--

Box No. VIII CHECK LIST; LANGUAGE OF FILING

This international application contains the following number of sheets: request : 4 description (excluding sequence listing part) : 29 claims : 4 abstract : 1 drawings : 8 sequence listing part of description : 2 Total number of sheets : 48	This international application is accompanied by the item(s) marked below: 1. <input checked="" type="checkbox"/> fee calculation sheet 2. <input type="checkbox"/> separate signed power of attorney 3. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: 4. <input type="checkbox"/> statement explaining lack of signature 5. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): 6. <input type="checkbox"/> translation of international application into (language): 7. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material 8. <input checked="" type="checkbox"/> nucleotide and/or amino acid sequence listing in computer readable form 9. <input checked="" type="checkbox"/> other (specify): Form 23/77
--	--

Figure of the drawings which should accompany the abstract:	Language of filing of the international application: ENGLISH
--	--

Box No. IX SIGNATURE OF APPLICANT OR AGENT

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

For the Applicant
Gill Jennings & Every

JONES, Helen Marjorie Meredith Date: 23 September 1999

For receiving Office use only	
1. Date of actual receipt of the purported international application:	2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA/	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid

For International Bureau use only
Date of receipt of the record copy by the International Bureau:

PCT**FEE CALCULATION SHEET**
Annex to the Request

For receiving Office use only

International Application No.

Date stamp of receiving Office

Applicant's or agent's
file reference

HMJ02856WO

Applicant

SCHOOL OF PHARMACY

CALCULATION OF PRESCRIBED FEES1. TRANSMITTAL FEE £ 55.00 **T**2. SEARCH FEE £ 638.00 **S**

International search to be carried out by _____

(If two or more International Searching Authorities are competent in relation to the international application, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic FeeThe international application contains 48 sheets.first 30 sheets £ 285.00 **b1**8 x £ 6 = £ 108.00 **b2**
remaining sheets additional amountAdd amounts entered at b1 and b2 and enter total at B . . . £ 393.00 **B****Designation Fee**The international application contains 82 designations.04 x £ 65 = £ 260.00 **D**number of designation fees amount of designation fee
payable (maximum 10)Add amounts entered at B and D and enter total at I . . . £ 653.00 **I**

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

4. FEE FOR PRIORITY DOCUMENT (if applicable). £ 22.00 **P**

5. TOTAL FEES PAYABLE £ 1368.00

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL☐ The designation fees are not paid at this time.**MODE OF PAYMENT**☐ authorization to charge
deposit account (see below)☐ bank draft☐ coupons☐ cheque☐ cash☐ other (specify):☐ postal money order☐ revenue stamps**DEPOSIT ACCOUNT AUTHORIZATION** (this mode of payment may not be available at all receiving Offices)The RO/ ☐ is hereby authorized to charge the total fees indicated above to my deposit account.☐ is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.☐ is hereby authorized to charge the fee for preparation and transmittal of the priority document to the International Bureau of WIPO to my deposit account.

Deposit Account Number

Date (day/month/year)

Signature